(102) Certification - Agent /	ier FCC Form 690	200
		888
	Approved by OMB	
	OMB Control No. 3060-1185	30
	OWB CONTROL NO. SUDU-1105	4933
	Page 8 of 8	334

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@celloneration.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my a agent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of the ponsibilities include ensuring the accuracy of the data reporting requirements provided to the auprovided to the authorized agent is accurate.	reporting carrier. I uthorized
Name of Authorized Agent:		
Name of Reporting Carrier:		w 161
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	prized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.							
Name of Reporting Carrier:	4.4						
Name of Authorized Agent Firm:							
Signature of Authorized Agent or Employee of Agent:		Date:					
Name of Authorized Agent Employee:							
Title or position of Authorized Agent or Employee of Ager	nt						
Telephone number of Authorized Agent or Employee of A	gent:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:						

Attachments

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<ci>></ci>	<c2></c2>	<c3></c3>	
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Shelby	0000	0	0	0			0.0	Yes
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	<u> </u>					1	1	I	

Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448038

County/State: Shelby, TX

Total Award Amount: \$199,620.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility				Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
		448039		
<010>	Study Area Code			A
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		<041>	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448039	
<015>	Study Area Code Study Area Name	1.400	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regard	ing this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person ide		6105356474 ext.	
<039>	Contact Email Address - Email Address of person ide	entified in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
		19087		·
<116> <117>	Zip-Code Telephone Number			
	Fax Number	6105356474 ext.		
<118> <119>	Email Address	6106885209		
<115>	Email Address	cstrausbaugh@cellon	enation.com	
<pre><120> <121> <122> <123> <124> <125> <126> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 900 West Valley Road Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellon		
Authorize	d Agent Information if no agent, indicate in this box	7		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
	·			
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	448039_CPRd Coverage and Performace attachments	TX.zip

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<0>
			Resident Population per	Resident Population Newly Reached	Total Resident Population Reached by	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance is uploaded (Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
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-	<u> </u>	+							
			(ee attach	ed works	heet			
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				- .			<u> </u>		
			0						
	Populatio	age of Total n Reached by ervice		·	Percentage Road Miles by Serv	covered	:		

(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
---	---

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)							
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.							
Name of Reporting Carrier: Texa	as 10, LLC						
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018				
Printed name of Authorized Officer:	Chad Strausbaugh						
Fitle or position of Authorized Officer:	Staff Counsel						
Telephone number of Authorized Officer:	6105356474 ext.	200					
Study Area Code of Reporting Carrier:	448039	Filing Due Date for this form:	07/02/2018				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	pe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448039	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in dat	ta line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in dat	ta line <030>	cstrausbauqh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation Name o	of Attached Docum	nent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not each of these boxes to confirm the status described on the atta PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	ched	Select	
<146>	Needs assessment and deployment planning with a focus on T community anchor institutions;	(Ye	s, No, Not Applicable)	
<147>	Feasibility and sustainability planning;	<u> </u>		

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

<148>

<149>

<150>

<151>

<152>

<153>

<154>

(090) Project	Update information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448039
<015>	Study Area Code Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
		08/17/2015
<201>	Targeted Completion Date	
<202>	Total Mobility Fund Support Awarded	203139.00
<203>	Total Mobility Fund Support Disbursed	201838.91
<210> <211>	Actual Completion Date Project Status Description (attached)	08/13/2015 448039_PSD_TX.pdf
		{Name of PDF attached}
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	\frac{1}{\sqrt{1}} \frac{1}{\sqr
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the lest of my knowledge, the information reported on this form and in any attachments is accurate.						
		attachments is accurate.				
Name of Reporting Carrier: Texas	10, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer	6105356474 ext.					
Study Area Code of Reporting Carrier:	448039	Filing Due Date for this form: 07/02/2018	В			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	_
(102) Certification - Agent / Carrier FCC Form 690	
Approved by OMB	
	4.50
OMB Control No. 3060-1185	
	2 Table 1
Page 8 of 8	

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting ponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authoriz	ed to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
as agent for the reporting carrier, certify that I am authori eported herein based on data provided by the reporting ca	zed to submit the reports for Mobility Fund recipients on beha rrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data ted herein is accurate.
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age	nt:	-
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne per Census Population Population **Road Miles** covered per Resident data is uploaded Block Newly **Newly Reached** per Census Census Block Population per Reached by (yes/no) by Service Reached Census Block Service Block State County Census Block Shelby 0000 0.0 Yes 0 0 0.0 0.0 ТX

Percentage of
Total Population
Reached by
Service

0		
l		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448039

County/State: Shelby, TX

Total Award Amount: \$203,139.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
Phase 1	§54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Buro	len Estimate per Respondent: 18 Hours
<010>	Study Area Code	448040		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		•
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
				-
<u> </u>				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>I)</u> <040> O	\odot
	<041> Attach a description of the documents file	ad with the Form 481 reporting	<041>	**
	Attach a description of the documents inc	to with the Form For reporting	10.12	
			040	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448040	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person iden		6105356474 ext.	
	Contact Email Address - Email Address of person ider	itified in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ed Suite 600	
		Wayne	at Julie 100	
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
Contact In	formation	٦		
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	900 West Valley Roa	d. Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation com	
1220	2.116.17.13.13.13	Catladabaughacciion		
Authorize	d Agent Information if no agent, indicate in this box	7		
.120	-	_		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

060-1185
060-1185

Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

<039>

<140>

Coverage and Performance Report Year	08/2017 - 07/2018	
	448040_CPRd_TX.zip	
Coverage and Performace a	attachments	

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	
									į.
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify th Coverage Performa is uploade (Yes/no)
State	County	00.1000							
							<u> </u>		
			(see attach	ed works	heet			
							-		
	+					ļ —			
	1								
	+	<u> </u>			T		1		_

1	0		0
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

(070) Urban Rate Comparability Certification Compl	FCC Form 690
[[0\0] Other vars combaranity cermination combi	
	Approved by OMB
	OMB Control No. 3060-1185
	n-med at 9
	Page 4 of 8

<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Er	nployee as to Compliance with 47	CFR §54.1009(a)(4)		
l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh				
Fitle or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448040	Filing Due Date for this form:	07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I diff. that (Alama of Agont)	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pun	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

pliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
e certification on behalf of the reporting carrier; I have provided the data reported herein based on e information reported herein is accurate.
Date:
Date.
Filing Due Date for this form: The or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the United States Code, 18 U.S.C. § 1001.
-

(080) Triba	Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
4010s	Study Area Code		448040	
<010>	Study Area Code Study Area Name		Texas 10, LLC	
<015> <020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	s data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
	Country			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	_			
	,			
	- U. J. G Obligation			
<145>	Tribal Government Engagement Obligation Name of Attached Docum		ment (.pdf)	
		rume of reconsulation		
	Turk to the term of the Man N	a Nat Applicable) fo	or	
	If your company serves Tribal lands, please select (Yes, N	o, Not Applicable) ii aa attached	JI	
	each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Tr	ihal		
	government pursuant to § 54.1004 includes:	1501		
	government pursuant to 3 34,200 t melous.			
			Select	
		1,1	es, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu			
\1 4 0/	community anchor institutions;	<u></u>		
<147>		-		
<148>		 -		
<149>		1		
<150>	 Compliance with Land Use permitting requirements 	<u> </u>		
<151	 Compliance with Facilities Siting rules 	}		
Z131		├		

<152> Compliance with Environmental Review processes

<153>

Compliance with Cultural Preservation review processes

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	85329.00
<203>	Total Mobility Fund Support Disbursed	83417.63
<210> <211>	Actual Completion Date Project Status Description (attached)	08/12/2015 448040_PSD_TX.pdf
<211>		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u>'</u>
<216>	Project Budget Status	<u>'</u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 7 of 8
		rage / UI o

<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LI	c			
Signature of Authorized Officer:	FIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Strausbaugh			
Title or position of Authorized Officer:	f Counsel			
Telephone number of Authorized Officer:	105356474 ext.			
Study Area Code of Reporting Carrier:	448040	Filing Due Date for this form:	07/02/2018	

(102) Certification - Agent / Carrier	FCC Form 690
(102) Certification - Agent / Carrier	Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
, as agent for the reporting carrier, certify that I am autho reported herein based on data provided by the reporting c	rized to submit the reports for Mobility Fund recipients on behalf c arrier; and, to the best of my knowledge, the information reported	of the reporting carrier; I have provided the data I herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	i, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

(060) Coverage and Perfo	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne per Census Resident Population Population Road Miles covered per data is uploaded Reached by Population per Newly Reached per Census **Block Newly** Census Block (yes/no) by Service Block Reached Census Block Census Block Service State County Shelby 0000 Yes 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448040

County/State: Shelby, TX

Total Award Amount: \$85,329.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

i	Fund §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448041		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>		6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the For	ed with the Form 481 reporting	<040> O <041> <042>	•
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover	er tribal lands? Yes or No)	0	\odot

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448041	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie		6105356474 ext.	
	Carrier / Mobility Fund Phase 1 Winning Bidder	ed in data line 10302	cstrausbaugh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>	State	PA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<116>	Zip-Code	19087	***	
<117>	Tolonhono Numbor	6105356474 ext.		
<118>	Fax Number			
<119>	Email Address	6106885209 cstrausbaugh@cellon		
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Fax Number	Chad Strausbaugh Texas 10, LLC 900 West Valley Road Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellond		
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
-250-		****		

Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448041_CPRd_TX.zip
Coverage and Performace attachments	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
							-			
								}		
								-	Total	
								Road	Road	Certify that
							Road	Miles per	Miles	Coverage and
				D. a	Resident	Total Resident		Census	covered	Performance data
			ř.	Resident Population per	Population Newly Reached	Population	per Census	Block Newly	per Census	is uploaded (Yes/no)
	State	County		Census Block	by Service	Service	Block	Reached	Block	(Tesyllo)
		,								
				\$	ee attach	ed worksl	neet			

	U		ŭ
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Parater and the second	
(070) Urban Rate Comparability Certification Compliance	FCC Form 690
Hover a parameter combarability ecitification combanics	FLG.FOIH 09U
	Approved by OMB
	Charles and the second
	OMB Control No. 3060-1185
	UMD CONTO NO. SUDU-1183
	Page 4 of 8

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	nployee as to Compliance with 47 CFR §54.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my resp	nsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported of
Name of Reporting Carrier: Texa	s 10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448041	Filing Due Date for this form: 07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
	ertify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting			
	rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
rinted name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	hished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authori	red to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	ti di
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

0 80) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448041	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
100			Page 6 of 8
<010>	Study Area Code	448041	
<015>	Study Area Name	Texas 10,	LLC
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strau	sbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbau	gh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/	(2013
<201>	Targeted Completion Date	08/17/	2015
<202>	Total Mobility Fund Support Awarded	263790	.00
<203>	Total Mobility Fund Support Disbursed	253396	5.67
<210>	Actual Completion Date	08/12	/2015
<211>	Project Status Description (attached)	448041	1_PSD_TX.pdf
		{Name	of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line		
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
	shall be submitted as appropriate.		_
<212>	Status of Network Deployment - Network Design	√	7
<213>	Status of Network Deployment - Construction	V	7
<214>	Status of Network Deployment - Deployment	√	7
<215>	Status of Network Deployment - Maintenance	√	7
<216>	Project Budget Status	✓	7
<217>	Project Plan Status	/	
<218>	Network will Support 3G/4G Mobile Service ?) 3G	O 4G

.

|--|

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Office	er: 6105356474 ext.		
Study Area Code of Reporting Carrier:	448041	Filing Due Date for this form: 07/02/2018	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690	
	Approved by OMB	
	OMB Control No. 3060-1185 Page 8 of 8	

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauch@cellonemation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf y responsibilities include ensuring the accuracy of the data reporting requirements provided to data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	horized to submit the reports for Mobility Fund recipients on behal g carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b1> <b2> <b3> <c1> <c2> <c2> <c3> <b1> <c4</p> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Block Newly Population per **Newly Reached** Reached by per Census Census Block (yes/no) County Shelby Census Block Census Block by Service Service Block Reached State 0000 0.0 Yes 0 0 0 ${\tt TX}$ 0.0 0.0

> Percentage of Total Population Reached by Service

_		_	_
0			
1			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448041

County/State: Shelby, TX

Total Award Amount: \$263,790.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility				Approved by OMB
Į.	§54.1009 Annual Reporting lection Form		Avg Burde	OMB 3060-1185 en Estimate per Respondent: 18 Hours
Data Col	ection Form	······································	Avg. burut	en estimate per respondent. To flours
<010>	Study Area Code	448042		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018	F	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fed	deral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
K - 280241.736				
<040>	Has the information required pursuant to §54.1009 l	peen provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448042	
<015>	Study Area Name	**	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person ident		6105356474 ext.	NAME OF THE OWNER OWNER OF THE OWNER OWNE
<039>	Contact Email Address - Email Address of person iden	tifled in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	•		
<113>	Street Address (or PO Box)	Texas 10, LLC 900 West Valley Roa	ed Suite COO	
<114>	City	Wayne	id, saite 600	
			arrane	
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	menation.com	
<120> <121> <122> <122> <123> <124>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State	Chad Strausbauch Texas 10, LLC 900 West Valley Rose Wayne PA	d Suite 600	
<125>	Zip-Code			
<126>	Telephone Number	19087		
<127>	Fax Number	6105356474 ext.		
<128>	Email Address	6106885209		
11207	Enan Address	cstrausbaugh@cellon	enation.com	
<u>Authorized</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			· · · · · · · · · · · · · · · · · · ·
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City		<u> </u>	
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		

	448042_CPRd_TX.zip
Coverage and Performace attachments	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	, ,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
					See attach	ed works	neet			

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

formative and a second state of the		THE STATE OF THE S	
(070) Urban Rate Comparability Certif	cation Compliance		FCC Form 690
			Approved by OMB
			Approved by Girlo
			G110 C
			OMB Control No. 3060-1185
			Page 4 of 8

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4)			
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.						
lame of Reporting Carrier: Texa	s 10, LLC					
ignature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018			
rinted name of Authorized Officer:	Chad Strausbaugh					
itle or position of Authorized Officer:	Staff Counsel					
elephone number of Authorized Officer:	6105356474 ext.					
tudy Area Code of Reporting Carrier:	448042	Filing Due Date for this form: 07/02/2018				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Complia	nce with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
rier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
uthorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier: Filing Due D	ate for this form:				
Persons willfully making false statements on this form can be punished by fine or forfeiture under under Title 18 of the United States C					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on						
data provided by the reporting carrier; and, to the best of m	knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:	Date:					
Name of Authorized Agent Employee:	en deut richt richtenberr					
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Agen						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	· -	448042	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identific		4020s	
<039>	Contact Email Address - Email Address of person identifi	ed in data line	cstrausbauqh@cellonenation.	com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N	No. Not Applical	ble) for	
	each of these boxes to confirm the status described on t			
	PDF, on line 145, demonstrates coordination with the T	ribal		
	government pursuant to § 54.1004 includes:			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
-1535	Compliance with Environmental Review processes			
<152>			!	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448042
<020>	Program Year	Texas 10, LLC 2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>		6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	300821.48
<203>	Total Mobility Fund Support Disbursed	292458.64
<210>	Actual Completion Date	08/10/2015
<211>	Project Status Description (attached)	448042_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	V
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Texas 10, LLC						
Signature of Authorized Officer:	ED ONLINE		Da	te ^{06/29/2018}		
rinted name of Authorized Officer: Chad St	rausbaugh		14.0			
itle or position of Authorized Officer:	Counsel					
elephone number of Authorized Officer: 610	05356474 ext.					
Study Area Code of Reporting Carrier:	448042	Filing Due Date for this form:	07/02/2018			

(102) Certification - Agent / Carrier FCC Form 690	
Approved by OMB OMB Control No. 3060-	-1185
Page 8 of 8	

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:		- Catalogue		
Signature of Authorized Officer:		Date:		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
•	,			
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ag	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001.	I, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Reached by per Census Population per Newly Reached **Block Newly** Census Block (yes/no) Census Block Census Block by Service Service Block Reached County Shelby State 0000 Yes ТX 0.0

> Percentage of Total Population Reached by Service

0			
Ī			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448042

County/State: Shelby, TX

Total Award Amount: \$300,821.48

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.